FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K11294 (1)

1. Corporation Name
BOWYER ELECTRIC, INC.

Principal Place of Business	Mailing Address
1225 E 131ST AVE STE A TAMPA FL 33612 US	1225 E 131ST AVE STE A TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1988
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 17620 Hickory Tree Ct.
22 Suite, Apt. #, etc.:
23 City & State: Lutz, FL
24 Zip: 33549 25 County: PASCO

2a. Mailing Address
26: P.O. Box 2141
27 Suite, Apt. #, etc.:
28 City & State: Lutz, FL
29 Zip: 33549 30 County: PASCO

4. FEI Number: 59-2861782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDUFFIE, GARY R.
16603 LONGLEAF DR
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gary R. McDuffie V.P. 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOWYER, ROBERT W.	12 NAME	
STREET ADDRESS	15816 SAPWOOD ST	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	MCDUFFIE, GARY R.	22 NAME	
STREET ADDRESS	16603 LONGLEAF DR	23 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	MCDUFFIE, SHAWN A.	32 NAME	
STREET ADDRESS	17620 HICKORY TREE CT.	33 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary R. McDuffie V.P. 4/10/95 813 948 8244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GARY R. McDUFFIE

0449033 FP